

WMD Awareness for Mississippi Emergency Medical Providers

Program Description—Participants will be trained to the awareness level in threat recognition and identification, as well as, guidelines for responding to a suspected WMD incident/event.

NOTE: While this training session is not required for hospital staff, it is open to any Hospital based and non-hospital based EMS persons if the opportunity will benefit them and/or their agency.

Topics to be covered....

8:30am-9:00am-Registration

9:00am-Welcome and Introduction

Terrorist Threat Update

Chemical Agents, Toxic Industrial Chemicals, and Downwind Hazard Prediction

**Radiological Materials
Biological Agents**

WMD Emergency Response Actions

12:00-12:45pm-Lunch

Principles of Triage during a WMD Mass Casualty Event

Personal Protective Equipment

WMD Crime Scenes

Devices and Searches

4:00pm-Evaluation and Adjournment

**Participants will receive an Awareness level certificate from
The Office of Domestic Preparedness for this course**

EMS Training Registration Form Spring 2005

Please mark the location of the meeting you will be attending:

- ☐ March 24 Oxford Conference Center
102 Ed Perry Blvd., Oxford, MS
- ☐ March 25 North MS Research and Extension Center
5421 Highway 145 S., Verona, MS (Near Tupelo, MS)
- ☐ March 28 Eagle Ridge Conference Center @ Hinds Community
College, Raymond, MS
- ☐ March 29 Frank Cochran Center
Highland Park Address: 1725 Carousel Drive, Meridian, MS
- ☐ March 31 Orange Grove/ Lyman Community Center
13472 Highway 49, Gulfport, MS
- ☐ April 1 James Lynn Cartlidge Multi Purpose Center
962 Sullivan Road off of Hwy 49, Hattiesburg, MS

Casual Dress is recommended.

*Manuals and meals are purchased for registered participants. Please
notify our office if you need to cancel your registration.*

THERE IS NO REGISTRATION FEE FOR THIS PROGRAM

Funded through a Health Resources & Services Administration grant in conjunction
with the Mississippi Hospital Association and the MSDH Office of Emergency Planning
and Response.

****Name:** _____ **Title:** _____

****Phone:** _____ **Fax:** _____

Email: _____

****Facility:** _____

****Address:** _____

****City:** _____ **State:** _____ **Zip:** _____

*****All blanks must be filled in order to be registered.***

*To register: Complete registration form and fax to ATTN: Gay Salter at (601) 368-3200 or
email to gsalter@mhanet.org or mail to MHA, P.O. Box 16444, Jackson, MS 39236
For more information please contact Gay Salter, at (601) 368-3233*